

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	1		↓	↓	↓	↓
TOTAL DEP.	2		↓	↓	↓	↓
TOTAL CLAIMS	2	2	2	2	2	2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS			2	2	2	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS